

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

ADDRESS (number and street) **901 VIA ROSITA**  
Check if different than previously reported. (ACC) **SANTA BARBARA CA 93110**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00399444** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2016** in the State of  **CA**

5. Covering Period  **10** /  **01** /  **2016** through  **11** /  **28** /  **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
DEXTER, JILL, , ,  
Type or Print Name of Treasurer

Signature of Treasurer DEXTER, JILL, , , [Electronically Filed] Date  **12** /  **08** /  **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="48437.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54675.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2360.00"/>	<input type="text" value="59519.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57035.78"/>	<input type="text" value="107956.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9862.17"/>	<input type="text" value="60782.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47173.61"/>	<input type="text" value="47173.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1120.00	37595.00
(ii) Unitemized .....	1215.00	21859.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2335.00	59454.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2335.00	59494.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	25.00	25.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2360.00	59519.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2360.00	59519.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7862.17	41309.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7862.17	41309.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4643.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	14830.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9862.17	60782.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9862.17	60782.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2335.00	59494.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2335.00	59494.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7862.17	41309.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25.00	25.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7837.17	41284.90

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. BORAH, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3825  
 City SANTA BARBARA State CA Zip Code 93130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6875**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. BORAH, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3825  
 City SANTA BARBARA State CA Zip Code 93130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6943**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Capps, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 Mission Canyon Rd.  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Partners Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6942**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

70.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DEXTER, JILL, , ,**

Mailing Address 901 VIA ROSITA

City SANTA BARBARA	State CA	Zip Code 93110
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2045.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016

**Transaction ID : SA11AI.6870**

Amount of Each Receipt this Period  
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DEXTER, JILL, , ,**

Mailing Address 901 VIA ROSITA

City SANTA BARBARA	State CA	Zip Code 93110
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016

**Transaction ID : SA11AI.6952**

Amount of Each Receipt this Period  
 10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Feinberg, Steve, , ,**

Mailing Address 115 W. Canon Perdido St

City Santa Barbara	State CA	Zip Code 93101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tempest Telecom Solutions	Occupation (for Individual) Account Manager
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016

**Transaction ID : SA11AI.6954**

Amount of Each Receipt this Period  
 10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. Gaines, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3940 Camellia Ln  
 City Santa Barbara State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Travel agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016  
**Transaction ID : SA11AI.6874**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Gaines, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3940 Camellia Ln  
 City Santa Barbara State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Travel agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016  
**Transaction ID : SA11AI.6959**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Hartmann, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 Poppy Valley Road  
 City Buellton State CA Zip Code 93427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Santa Barbara County Occupation (for Individual) Planning Commissioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016  
**Transaction ID : SA11AI.6966**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. Heller, Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1592  
 City Summerland State CA Zip Code 93067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6968**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. HOLLAND, SHERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 SELROSE LN  
 City SANTA BARBARA State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6872**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HOLLAND, SHERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 SELROSE LN  
 City SANTA BARBARA State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6970**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. Hunt, Vikki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4687 Via Roblada  
 City Santa Barbara State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Photographer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6885**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Jahangir, Sholeh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 Via Regina  
 City Santa Barbara State CA Zip Code 93111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Businesswoman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6974**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Murdock, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 W Los Olivos St #A  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sansum Clinic Occupation (for Individual) Marriage Family Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6984**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. Osherenko, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 835 Via Granada  
 City Santa Barbara State CA Zip Code 93103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSB Occupation (for Individual) Filmmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6878**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Reid, Jaqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Alan Rd  
 City Santa Barbara State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSB Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6987**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. TETON-LANDIS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 VIA ALEGRE  
 City SANTA BARBARA State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1780.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.6873**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. TETON-LANDIS, GAIL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA	State CA	Zip Code 93110
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

**Transaction ID : SA11AI.6999**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. WYLIE, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 367 ALEX PL

City GOLETA	State CA	Zip Code 93117
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

**Transaction ID : SA11AI.6880**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. WYLIE, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 367 ALEX PL

City GOLETA	State CA	Zip Code 93117
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
580.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

**Transaction ID : SA11AI.7005**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	1120.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)  
**A. ATKINS, GARY, , ,**

Mailing Address 1126 DEL MAR AVE

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement Fundraising event expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7014

Amount of Each Disbursement this Period: 155.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7012

Amount of Each Disbursement this Period: 37.74

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7028

Amount of Each Disbursement this Period: 31.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 224.49

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)

**A. BILL'S COPY SHOP**

Mailing Address 1536 STATE STREET

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7016**  
Amount of Each Disbursement this Period  
374.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. C&I Consulting**

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Bookkeeping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7022**  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. C&I Consulting**

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Bookkeeping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7034**  
Amount of Each Disbursement this Period  
500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1374.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)

**A. Casa Blanca**

Mailing Address 330 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Fundraising event venue

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7015**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECHO COMMUNICATIONS**

Mailing Address 924 CHAPALA ST., #D

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement  
Web expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7025**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7011**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 03 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7029**  
Amount of Each Disbursement this Period  
309.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS BILTMORE**

Mailing Address 1260 CHANNEL DR

City SANTA BAARBARA State CA Zip Code 93108

Purpose of Disbursement  
Fundraising event venue

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7013**  
Amount of Each Disbursement this Period  
2382.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. SANTA BARBARA INDEPENDENT**

Mailing Address 122 W FIGUEROA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement  
Print ad

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 19 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7017**  
Amount of Each Disbursement this Period  
605.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3297.68



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)  
**A. TETON-LANDIS, GAIL, , ,**

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement  
Unitemized reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
10 / 20 / 2016

FEC Identification Number  
C

Transaction ID : SB21B.7020

Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. U.S. POSTAL SERVICE**

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 03 / 2016

FEC Identification Number  
C

Transaction ID : SB21B.7027

Amount of Each Disbursement this Period  
258.50

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	333.50
<b>TOTAL</b> This Period (last page this line number only).....▶	7424.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

**A. Democratic Women of Santa Barbara County State Account**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90655

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

City Santa Barbara State CA Zip Code 93190

FEC Identification Number

Purpose of Disbursement Contribution

C
---

Candidate Name

Category/Type

Transaction ID : SB29.7023

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	1000.00
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State: District:

Memo Item

**B. Democratic Women of Santa Barbara County State Account**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90655

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

City Santa Barbara State CA Zip Code 93190

FEC Identification Number

Purpose of Disbursement Contribution

C
---

Candidate Name

Category/Type

Transaction ID : SB29.7026

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	1000.00
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State: District:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C
---

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	
---	--

State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00
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**TOTAL** This Period (last page this line number only).....▶

2000.00
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